1 7 3

U								Ο.			FILING	DATE	
	M	ULTIPL	E DEPE	ENDEN	CLAI	M	APPLICAN	IT/C)					
	]	FEE CA	LCULA E WITH .	TION S FORM P	HEET' (10-875)		AFFLICAN	*1(3)					
							AIMS						
	, AS FILED		AF 1st AME	TER NOMENT	AF 2nd AMI	TER NDMENT		*		*		*	
	ND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	\				<u> </u>	<u> </u>
2							52						
3							53		<u></u>				
4							54		\			<b></b>	<del> </del>
5		<u> </u>	<u></u>				55		<del>-\</del>			<u> </u>	<del> </del>
6		1		<u> </u>			56				<b></b>		<b>├</b>
7		<del>                                     </del>	ļ				57		<u> </u>				<del> </del>
8			ļ	ļ <u></u>	ļ		58		<del>                                     </del>		ļ	ļ	-
9		-/	ļ		ļ	ļ	59					<u> </u>	├
10		<del>  /</del>	ļ	-			60		/				1
11		/	<del> </del>			<del>                                     </del>	61		/		<del> </del>	-	-
12	<del>                                     </del>	/	<b>-</b>	ļ	<b> </b>	<del>                                     </del>	62	/				<del>                                     </del>	<del> </del>
13	<del>- /</del>	<del> </del>	<del> </del> -		<del> </del>		63	$-\!\!/-$			<del> </del>	<del>                                     </del>	+
14	$\vdash / \vdash$		<del> </del>	-	-		64	/					<del>                                     </del>
15	/	<del> </del>	<b></b>		<b></b>	<del>  </del>	65 66 /	<u> </u>					<u> </u>
16 17	Y	<del> </del>			<del> </del>	├	67				<del>-</del>	1	<del>                                     </del>
18		<del> </del>	<b></b>	<del>  `</del>	<u> </u>	1	68						1
19				<del> </del>			69	_			l	<del>                                     </del>	1 "
20	7	<del> </del>	<b></b>		<b>!</b>	1	70						
21							71						1
22	<b></b>						72						
23		<b>,</b>	<b></b>				73		7				
24							74						
25					I		75						
26							76			<u> </u>	<u>.</u>	<u> </u>	
27							77		/			<u> </u>	<u> </u>
28		<u> </u>					78		<u>/</u>			<u> </u>	1
29		ļ	L	↓	<u> </u>		79		<u> </u>	<u> </u>	ļ	1	<u> </u>
30		<u> </u>	ļ	ļ	ļ		80	/		ļ	ļ	-	ļ
31	<b>!</b>		<u> </u>	ļ	<b> </b>		81	/_	ļ			<b></b>	ļ
32	ļ	<del>↓</del>	<u> </u>	<b></b>		<b></b>	82	<del>-/</del>	<del> </del>	ļ		-	
33	<b></b>	-	<b>_</b>	ļ	ļ		83	<del>                                     </del>		-		-	<del> </del>
34	<del> </del>	<del> </del>		<del> </del>	<b> </b>	<del>                                     </del>	84	Н	<del> </del>		<u> </u>		
35	<del> </del>	-	<del>                                     </del>		<del> </del>	+	85	<del>'</del> -	<del> </del>	<del>                                     </del>	<del> </del> -	1-	+
36 \		<del>-</del>	<del> </del>	<del> </del>	<del> </del>		86	$\vdash$		<del>                                     </del>	+	+	+
37 38	<del>                                     </del>	+	<del>                                     </del>	-	-		87	<del> </del>	+	<del> </del>	<del> </del>	<del> </del>	+-
39		<del> </del>	<del>}</del>	<del> </del>	+	<del>                                     </del>	89	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	+
40	ł	<del>                                     </del>	1	<del> </del>	<del> </del>	+	90	<del>                                     </del>	+ +	<del> </del>	+	†	+
41		<del>  /</del>	†	†	1		91	ļ	1/	1			
42	1	<del>  /</del>	<b>†</b>	1	t		92	<del>                                     </del>	//	<del>                                     </del>	<del> </del>	$\top$	1
43		1/-	<del>                                     </del>		1		93		/			<b>†</b>	T-
44		1/	<del>                                     </del>	<b>†</b>	1	+	94		<u> </u>			1	
45	1	1/	1		1		95	7		T		Ţ	
46	1	1/	<u>†                                     </u>				96	1/				1	
47		1	1	<b>†</b>	1	† 1	97	/					
48	$L^-$	$L^{-}$			1		98						
49							99						
50		!					100						
TOTAL IND.							TOTAL				1		
TOTAL	$\vdash$	<b>لہ</b> ر	<b> </b>	<b>-</b>		∣ لحب⊏	TOTAL		والم		لبا	<b></b>	لم
DEP. TOTAL	<b>├</b> ──	7	+	·	+	<del>,</del>	DEP.	<del> </del>	+ !	+-	1	╂	
CLAIMS	I	1	1	1	1	1 1	CLAIMS	l	111	i	1	1	1

41/5

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICANT(S)

FILING DATE